Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12-01-2010</u>	Address:	4721 S. STATE ROAD 61
Case #:	<u>35-31308</u>		VINCENNES, IN 47591
County:	KNOX		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): RESIDENCE, VEHICLE			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: RESIDENCE, VEHICLE			
Water Reactive Metal (Lithium): <u>RESIDENCE</u> , <u>VEHICLE</u>			
Anhydrous Ammonia: <u>VEHICLE</u>			
Corrosive Acid: RESIDENCE, VEHICLE			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip —
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	tment: VINCENNES TWP	Fax:	
Health Dep	partment: <u>KNOX CO HD</u>		
Child Prote	ection Service: KNOX CO CPS		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>RYAN M. JOHNSON</u> Phone <u>812-867-2079</u>			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.